

OFFICE OF LEGISLATIVE RESEARCH  
PUBLIC ACT SUMMARY



**PA 14-150—sHB 5402**  
*Appropriations Committee*

**AN ACT CONCERNING WAIVERS FOR MEDICAID-FINANCED,  
HOME AND COMMUNITY-BASED PROGRAMS FOR INDIVIDUALS  
WITH ACQUIRED BRAIN INJURY**

**SUMMARY:** The Department of Social Services (DSS) administers a Medicaid-financed, home- and community-based program under a federally approved waiver for individuals with an acquired brain injury (ABI). This act authorizes the DSS commissioner to seek federal approval for a second waiver for this program.

The act requires the commissioner to ensure that (1) services provided under the first waiver program are not phased out and (2) no person receiving services under the first waiver program is institutionalized in order to meet its federal cost neutrality requirements. It also requires DSS to operate the first waiver program continuously, to the extent permissible under federal law.

Finally, the act establishes an advisory committee for the second waiver program. The committee must meet at least four times per year and report, by February 1, 2015, to the Appropriations, Human Services, and Public Health committees on the impact of the individual cost cap for the second waiver program and any other matters it deems appropriate. Under the act, “individual cost cap” is the percentage of the cost of institutional care for an individual that may be spent on any one waiver program participant.

EFFECTIVE DATE: July 1, 2014

**ADVISORY COMMITTEE MEMBERSHIP**

Under the act, the advisory committee members are the:

1. chairpersons of the Appropriations, Human Services, and Public Health committees, who must choose from among themselves one person to act as a co-chairperson of the advisory committee;
2. ranking members of the above committees, who must choose from among themselves one person to act as a co-chairperson of the advisory committee; and
3. DSS and Department of Mental Health and Addiction Services commissioners, who must choose from among themselves one person to act as a co-chairperson of the advisory committee.

The act allows any of the members to appoint designees, but requires designees of the legislative committee chairpersons and ranking members to include consumers and providers of services under the second waiver program.

**BACKGROUND**

## OLR PUBLIC ACT SUMMARY

### *Waivers*

States use waivers to test new or existing ways to deliver and pay for health care services under Medicaid and the Children's Health Insurance Program (CHIP). When the federal Centers for Medicare and Medicaid Services (CMS) approves a waiver, states can (1) set somewhat higher income limits, (2) limit the number of people who can qualify ("waiver slots"), and (3) make other adjustments to regular Medicaid rules as approved in the waiver. Waivers are subject to legislative approval in Connecticut. They must also be approved by CMS and renewed periodically. They include cost caps as agreed upon by DSS and CMS. DSS currently has 10 approved waivers.

### *ABI Waiver*

Since 1999, DSS has offered home- and community-based services to adults under age 65 with an ABI who, without the services, would have to be institutionalized. The program offers many services, some of which are not medical in nature, such as supported employment, vehicle modifications, and help with chores. DSS runs this program under a federal Medicaid § 1915c waiver, since the regular Medicaid program does not authorize coverage for many of the services.

OLR Tracking: MF:LH:PF:am